

# EXHIBIT 37



**From:** Chris Hewell <Chris.Hewell@publix.com>  
**Sent:** Tuesday, May 03, 2016 2:08 PM  
**To:** Dodes, Norman; Melendez, Elvira; Samuels, Latoya  
**Cc:** Chris Hewell  
**Subject:** FW: Pharmacy Controlled Substance Threshold Change Request Form

P-PUB-0196

Please review the threshold request below.

Thank you,

Chris Hewell  
Manager of Procurement  
Publix Super Markets, Inc.  
P.O. Box 407  
Lakeland, FL 33802  
Phone: (863) 688-1188, ext. 54118  
Fax: (863) 616-5891  
email: chris.hewell@publix.com

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**From:** Mike Chavez  
**Sent:** Monday, May 02, 2016 6:42 PM  
**To:** Pharmacy 0786  
**Cc:** Chris Hewell  
**Subject:** RE: Pharmacy Controlled Substance Threshold Change Request Form

approved

Mike Chavez, RPh  
Pharmacy Supervisor  
Publix Super Markets, Inc.  
770-952-6601 ext. 3615  
404-925-4782 cell

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**From:** Pharmacy 0786  
**Sent:** Monday, May 02, 2016 6:40 PM  
**To:** Mike Chavez  
**Cc:** Chris Hewell  
**Subject:** Pharmacy Controlled Substance Threshold Change Request Form

## Pharmacy Controlled Substance Threshold Change Request

**Date:** 05/02/2016  
**Store #:** 0786  
**Name of Requesting Pharmacist:** Donna L ALDRICH  
**Store Address:** 100 Glenda Trce  
Newnan, GA 30265-3863  
**Pharmacy DEA #:** BP7582946

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Confidential

Anda\_Opioids\_MDL\_0000343326

P-01385\_1

PLAINTIFF TRIAL  
EXHIBIT  
P-01385

McKesson Account #: 100122475

Description of Product/Molecule: Cyccodone

Desired Threshold Increase: 20%

Reason for Change Request  
(with supporting documentation): We have met our threshold and need to increase to meet our customer's needs

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